

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

FINANCIAL INSTITUTION INFORMATION			
Financial Institution			Branch
Mailing Address			
City	State		Zip code
Routing Number	Account Number		,
We authorize the Montana Public Employee Retirement Administration (MPERA) to initiate ACH payments at the depository financial institution named above. Type of Account: Checking account Savings account			
EMPLOYER INFORMATION			
This authorization is to remain in full force and effect until MPERA has received written notification from us of its termination. Notification must be received within a reasonable time to provide opportunity to act on it.			
MPERA Employer Name			MPERA Employer Number
Authorizing Official (please print)			Authorizing Official's Phone Number
Signature			Date

Please attach a voided check or deposit slip with the above routing and account numbers to this form for verification and submit to MPERA at the address above.